

-----  
The United States Navy on the World Wide Web  
A service of the Navy Office of Information, Washington DC  
send feedback/questions to [comments@chinfo.navy.mil](mailto:comments@chinfo.navy.mil)  
The United States Navy web site is found on the Internet at  
<http://www.navy.mil>  
-----

Navy & Marine Corps Medical News  
#01-42  
Oct. 26, 2001

Stories this week:

MN014201. DoD to Re-look Anthrax Vaccine Issue, Rumsfeld Says  
MN014202. Medical Inspections, Surveys Get 30 Days' Notice  
MN014203. Great American Smoke Out Day 2001 is Nov. 15  
MN014204. Bethesda Sailor Attends USS COLE Memorial Dedication  
MN014205. Oceana Doc Reaches Out To Community  
MN014206. Bio-Chem Terrorism Satellite Broadcast Scheduled  
MN014207. Bethesda Reservists Fill Need and Stomachs  
MN014208. TRICARE Gives Guidance for Care at Secure Bases  
MN014209. Healthwatch: Folic Acid Can Prevent Birth Defects

-usn-

MN014201. DoD to Re-look Anthrax Vaccine Issue, Rumsfeld Says  
By Gerry J. Gilmore, American Forces Press Service  
Washington, D.C. - The Department of Defense will look at ways to kick-start U.S. production of anthrax vaccine that, up to now, has been manufactured by just one company in Michigan, Defense Secretary Donald H. Rumsfeld said last week.

Rumsfeld remarked to Pentagon reporters that DoD is going to try to save its anthrax vaccine program with manufacturer Bioport. He noted that other efforts to produce anthrax vaccine for the U.S. military had "failed over a period of years."

DoD's business relationship with Bioport to acquire anthrax vaccine may or may not be savable, Rumsfeld added.

Bioport was DoD's sole contractor for the anthrax vaccine. The company has had quality control problems and has not produced any vaccine for some time. Its manufacturing operations currently lack Food and Drug Administration approval.

Rumsfeld said he discussed the vaccine issue Oct. 18 with Edward C. "Pete" Aldridge, defense undersecretary for acquisition, technology and logistics, and David S.C. Chu, defense undersecretary for personnel and readiness. He said they or their representatives will meet with Department of Health and Human Services officials to discuss the vaccine situation.

Rumsfeld said DoD would try to fashion an arrangement that would give Bioport one more chance to supply an FDA-approved anthrax vaccine.

Officials said DoD has anthrax vaccine on hand to meet anticipated military needs.

For information on the DoD anthrax vaccination program, go to <http://www.anthrax.osd.mil>.

-usn-

MN014202. Medical Inspections, Surveys Get 30 Days' Notice  
Beginning in 2002, Navy medical facilities will receive only 30 days' notice that they will be surveyed by the Bureau of Medicine and Surgery's Inspector General (MEDIG) and Medical Occupational Safety and Health, and

the Joint Commission on Accreditation of Healthcare Organizations.

This decision is the result of over a year's exploration and assessment by the MEDIG to see if short order surveys are as effective and more efficient than longer notice surveys and inspections. The MEDIG's theory was that short prep time would eliminate thousands of "ramping up" man-hours and facilitate "always inspection-ready."

As part of the decision making process, MEDIG inspectors spoke with personnel at many medical facilities and polled commanding officers about the impact and feasibility of moving from planned to short notice surveys. Overwhelmingly, the response supported a shift to short notice.

Last July, the first trial short-notice survey was conducted at Naval Ambulatory Care Center Newport, R.I., which received high assessments and a solid recommendation for accreditation.

The second trial inspection was scheduled for Sept. 10-14, but was terminated when terrorists struck our nation.

Subsequent discussions with the Surgeon General finalized the decision to make the 30-day notice the norm beginning in 2002. Commands may be inspected in a 1 to 4 year window from their last successful inspection. Exceptions will be commands receiving provisional or non-accreditation ratings. These commands will be revisited within one year.

For more information on inspections and surveys, visit the MEDIG website at <http://bumed.med.navy.mil/med00ig/>.

-30-

MN014203. Great American Smoke Out Day 2001 is Nov. 15

By Naval Environmental Health Center, Norfolk, Va. Public Affairs

Smokers, marks you calendar! Thursday, Nov. 15 is the Great American Navy-Marine Corps Smoke Out Day!

The American Cancer Society sponsors the event that has been held annually since 1971. The goal of the Smoke Out Day is to help smokers and dippers quit for the day- and then for good.

Navy and Marine Corps Health Promotion Programs participate and sponsor the Smoke Out locally. A variety of activities are held at military treatment facilities at participating commands and around the bases to encourage participation. The goal is to encourage maximum military tobacco-user participation to help Sailors and Marines quit for good.

According to the Navy Environmental Health Center Health Promotion Program Manager for Tobacco Cessation, Dr. Mark Long, the Smoke Out offers an easy and fun way to go cold turkey and kick the tobacco habit.

"Quitting is often easier than one thinks, especially if one is prepared, has a plan, social support, and is motivated and confident that they will succeed," said Long.

This year the Navy Environmental Health Center has partnered with the Navy Exchange Command for Great American Smoke Out Day! At twenty of the largest Navy Exchanges, Smoke Out displays will be set up, health promotion staff and volunteers will encourage participation, and Exchanges' donated survival bags and goodies to those preparing to quit will be passed out.

-usn-

MN014204. Bethesda Sailor Attends USS COLE Memorial Dedication

By J03 Rebecca Whitney, National Naval Medical Center Bethesda

Bethesda, Md. - When Sailors from USS COLE gathered at Naval Station Norfolk recently for the dedication of the memorial to their fallen shipmates, among them was HT3 Jeremy Stewart, now stationed at National Naval Medical Center Bethesda.

Stewart was one of the first crewmembers taken off the COLE after the attack. He had a ruptured stomach, bone fractures in all his arms and

legs, a broken ankle and a shattered heel. He is still in the process of recovery with hopes of returning to his ship once he is fit for full duty again.

Stewart praised the ceremony and was pleased with the memorial dedicated to the 17 Sailors who died in terrorist attack on COLE.

The memorial has 17 granite slabs representing each of the Sailors who lost their lives. Twenty-eight black pine trees surrounding the memorial represent the 17 Sailors and the 11 children they left behind.

"Now there is a place where their memory will live forever and our kids can learn about their heroism and how they sacrificed their lives for the freedom of our country," said Stewart.

It was the first time since January Stewart had seen many of his shipmates. He was particularly pleased to see his Captain.

"Seeing COLE's captain gave me a chance to tell him thanks for all the training he put us through," said Stewart. "He made sure that the crew would be ready for anything, and I think my shipmates proved it."

-usn-

#### MN014205. Oceana Doc Reaches Out To Community

By JO2 Duke Richardson, Naval Medical Center Portsmouth

Portsmouth, Va. - Not many doctors work for free, but one doctor at Branch Medical Clinic Oceana does, and he enjoys every minute of it.

CDR Edwin Malixi, MC, medical officer at Oceana, is a volunteer at Chesapeake Care, a free clinic that offers medical services to lower-income individuals.

Malixi is no "newbie" when it comes to volunteering at the clinic. He's been there since 1995.

"I go there at least once or twice a month, usually on Saturdays, and see anywhere from 20 to 27 people," said Malixi. "The clinic is open throughout the week, but due to work here at Oceana, I can usually only go out there on Saturdays."

Janet Call, executive director of Chesapeake Care, says the efforts of volunteers such as Malixi plays a "hefty part" in allowing them to give care to those who might have trouble affording it.

"We do not hire people to work here at the clinic. We depend on volunteers, especially when it comes to physicians," she said. "We don't have any paid physicians at all. When we say this is a free clinic, this is a free clinic."

Volunteering at the clinic has been a rewarding experience, says Malixi.

"I didn't come from a wealthy family back in the Philippines, but throughout the years and the time I have served in the Navy things have gotten better," he said. "So this is a chance for me to spread the wealth of the success I have had over the years to help others that need it. To me that is the most satisfying thing about doing this."

-usn-

#### MN014206. Bio-Chem Terrorism Satellite Broadcast Scheduled

The U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) and the U.S. Army Medical Research Institute of Chemical Defense (USAMRICD) offer a live satellite broadcast, "Biological & Chemical Warfare and Terrorism: Medical Issues and Response," from 12:30-4:30 p.m. Eastern Standard Time, on Nov. 28-30.

It will be rebroadcast from 10:30 a.m.-4:30 p.m. EST, on Dec. 8-9.

The program targets military and civilian healthcare providers, epidemiologists, laboratorians, pharmacists, first-responders, and others who would assist in recognizing and managing casualties from a biological

and chemical agent attack.

Day 1 will present an overview of biological agents. Day 2 will present an overview of chemical agents, and Day 3 will discuss the management of a biological or chemical warfare or terrorist event with experts and describe the roles of the first responder, public health and medical personnel.

The broadcast can be downlinked in the continental United States, Hawaii and Alaska, and southern Canada at no cost. The educational activity has been approved for AMA PRA credit.

Further information on registering or serving as a site coordinator is available at <http://www.biomedtraining.org>, or by calling RegisterAmerica.net at 850-784-6002, extension 16.

-usn-

#### MN014207. Bethesda Reservists Fill Need and Stomachs

By JO3 Cherri Boggs, National Naval Medical Center

Bethesda, Md. - When USNS Comfort was emergency activated to serve relief workers in New York, National Naval Medical Center Bethesda's galley was forced to shut down to all except patients and enlisted staff members on rations.

The closure was brief, thanks to the Naval Reservists, mess specialists from area commands and NNNMC civilian and military dietitians who pulled together to supply NNNMC patients and staff members with hot meals and excellent customer service.

The additional galley staff was made up of five mess specialists from Washington D.C. area commands and 19 mess specialist reservists from Reserve Fleet Hospital, Fort Dix, N.J.

According to galley foreman Ruby Alexander, the volunteers and reservists were a welcome addition.

"The reservists were very knowledgeable in the food service rate," said Ruby Alexander. "They came right in and we didn't miss a step. We received one of our highest preventive medicine scores ever during a 6 a.m. inspection with just two-thirds of our staff."

Many of the civilian galley staff members' working hours doubled due to the staff shortage. Alexander and her fellow galley foreman Rodney Patton worked from 5 a.m. to 7:30 p.m. each day, covering all vacant supervisory mess specialist positions. Others, like Willie Mae Haynes, whose hours increased from 40 to 60 hours each week, didn't seem to mind putting in the extra time.

"I'm doing what has to be done during this crisis," said Haynes. "We've been able to get things done because we work as a team."

-usn-

#### MN014208. TRICARE Gives Guidance for Care at Secure Bases

In times of enhanced security at military installations, it may be difficult for TRICARE beneficiaries to access uniformed services hospitals and clinics.

The TRICARE Management Activity developed the following guidance for beneficiaries seeking emergency, urgent and routine care at uniformed services facilities that are under these conditions.

In case of medical emergency, TRICARE beneficiaries should seek immediate treatment at the nearest hospital. This is true whether or not they are enrolled in TRICARE Prime. TRICARE defines an emergency as a medical, maternity or psychiatric condition that would lead a "prudent layperson" (someone with average knowledge of health and medicine) to believe that a serious medical condition exists. An emergency condition is one in which the absence of medical attention would result in a threat to

life, limb, or sight and requires immediate medical treatment. Further, it may be a condition marked by severe pain that requires immediate relief to alleviate suffering.

While the definition of an emergency may sound complicated, it really means that beneficiaries who believe they are experiencing a serious medical condition that requires immediate treatment should go to the nearest emergency room. TRICARE will assist in paying for the cost of their care. This is true for beneficiaries who use TRICARE Standard or Extra or who are enrolled in Prime.

TRICARE beneficiaries who become ill but don't require emergency care as described above need urgent care. Those enrolled in TRICARE Prime who have a primary care provider who works out of a uniformed services facility that is inaccessible due to increased security are encouraged to call their provider for assistance. Providers or staff members at military treatment facilities can inform beneficiaries of their best options for necessary care. In many circumstances, this may include taking care of oneself under the advice of a provider or a change in timing of the needed visit as appropriate. Beneficiaries also may contact their regional Health Care Information Line for information on self-care.

During times of increased security, routine appointments should be rescheduled if access to a military treatment facility is restricted. As with urgent care, beneficiaries should call ahead to their providers' offices for guidance.

-usn-

#### MN014209. Healthwatch: Folic Acid Can Prevent Birth Defects

By Aveline V. Allen, Bureau of Medicine and Surgery

Thinking about starting a family? One of the simplest and most effective actions you can take as a future mom to help you have a healthy baby is get plenty of folic acid in your diet.

Studies have shown that the incidence of two serious birth defects, spina bifida and anencephaly, can be reduced by up to 70 percent if women of childbearing years get enough of the B vitamin folic acid in their diets.

Spina bifida is characterized by the defective closure of the spine around the spinal cord. It can cause lower body paralysis and has been linked to learning disabilities. Anencephaly causes an underdeveloped brain and skull. According to the March of Dimes, which works to prevent birth defects, about 5,500 babies are conceived with these birth defects each year, and the majority of them could be prevented by moms eating folic acid rich food or taking a supplement.

Experts estimate that only about 10 percent of women of child-bearing age get enough folic acid. Daily B-vitamin supplements that contains 400 micrograms of folic acid, the recommended minimum daily requirement, is a good start.

"The obstetric service at National Naval Medical Center, Bethesda offers preconception counseling and part of that counseling includes prescribing prenatal vitamins that contain folic acid," said Army Lt. Col. Mark W. Thompson, MC, chief of the neonatal intensive care unit. Thompson said the preconception counseling has diminished the number of birth defects that might be caused by a lack of folic acid.

Taking vitamins with folic acid is one way of ensuring you get enough in your diet, but most doctors will recommend eating folic acid-rich foods, too. Some specific foods that are high in folic acid include:

- romaine lettuce
- green peas
- asparagus
- broccoli

- avocado
- peanuts
- raw spinach
- rice
- orange juice from concentrate
- navy beans
- instant oatmeal
- fortified breakfast cereals
- enriched whole wheat bread

Thompson thinks it's a good idea for all women of child bearing age to make sure they get enough folic acid, not just those who are planning a family.

"Since 70 percent of pregnancies are not planned, many women are not taking adequate amounts of folic acid prior to conception," said Thompson.

Additional information on preventing birth defects is available at the March of Dimes website, <http://www.modimes.org> or consulting your healthcare provider.

-usn-

Navy and Marine Corps Medical News is a compendium of Navy Medicine stories distributed weekly. Information contained in MEDNEWS is not necessarily endorsed by the Bureau of Medicine and Surgery (BUMED), nor should it be considered official Navy policy.

MEDNEWS is distributed to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further distribution is encouraged.

Comments and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact Jan Davis, MEDNEWS editor, at [MEDNEWS@us.med.navy.mil](mailto:MEDNEWS@us.med.navy.mil); telephone 202 762-3218, DSN 762-3218, or fax 202 762-3224.